

## Filing Date

Applicant(s)

CLAIMS	AS FILED 8/4/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4	X	X				
5	/					
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14	X	X				
15	/					
16		/				
17		/				
18		/				
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46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	17					
Total Claims	20					

\* May be used for additional claims or amendments

	*		*		*
	Indep	Depend	Indep	Depend	Indep
51					
52					
53					
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100					
Total Indep					
Total Depend					
Total Claims					